

## Clarification of the Immunization Status of Children and Compliance with State Law for 2015-2016 School Year

The following definitions have been developed by the Illinois Department of Public Health to clarify the difference between (1) being protected against the specific vaccine-preventable diseases and in compliance, (2) being unprotected and in compliance, and (3) being unprotected and in noncompliance.

In addition to being in compliance relative to immunizations, children must receive physical examinations prior to entering Illinois schools for the first time, prior to the date of entering kindergarten or first grade, prior to entering sixth grade, and prior to entering ninth grade. Children who have not received physical examinations, as required, are considered to be in noncompliance whether or not they have received the required immunizations.

Students remaining in school beyond grade 12 or equivalent (e.g., special education, alternative education) are required to meet immunizations related to grade 12.

### POLIO (IPV/OPV)

CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL. INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.  STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND NONCOMPLIANT*
	<p>Has received three or more doses of Polio (IPV/OPV) administered at intervals of no less than four weeks apart.</p> <p>Has received four or more doses of any combination of IPV and OPV, or three or more doses of all-IPV or all-OPV, at intervals of no less than four weeks apart, with the last dose received on or after the 4<sup>th</sup> birthday.</p>	<p>Has <b>not</b> received, or provided proof of vaccination as required for entry, or may have received at least one dose of Polio (IPV/OPV), but fewer than those required to be PROTECTED AND IN COMPLIANCE, but has presented a schedule from a physician or clinic indicating the medical reason vaccine cannot be given prior to the due date and the date(s) to complete the required doses; or a statement that these immunizations are medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds; or temporary compliance under the McKinney-Vento Act.</p>	<p>Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, and has not presented a schedule from a physician or clinic indicating the medical reason the vaccines cannot be given prior to the due date and date(s) for receiving these immunizations, nor a statement that these immunizations are medically contraindicated, nor an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>

### DIPHTHERIA, TETANUS, PERTUSSIS (DTP/DTaP and Tdap)

CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL. INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.  KINDERGARTEN or FIRST GRADE	PROTECTED AND IN COMPLIANCE	UNPROTECTED AND IN COMPLIANCE*	UNPROTECTED AND NONCOMPLIANT *
STUDENTS ENTERING SECOND THROUGH FIFTH GRADES	<p>Has received four doses of DTP/DTaP. The first three doses in the series must be received no less than four weeks apart. The interval between the third and fourth dose must be at least six months.</p> <p>Has received four or more doses of DTP/DTaP with the last dose received on or after the 4<sup>th</sup> birthday. The first three doses in the series must be received no less than four weeks apart. The interval between the third and fourth or final dose must be at least six months.</p> <p>Receipt of three or more doses of DTP/DTaP or Td with the last dose received on or after the 4<sup>th</sup> birthday. The interval between the first two doses can be no less than four weeks and between the second and third</p>	<p>Has <b>not</b> received, or provided proof of vaccination as required for entry, or may have received at least one dose of DTP/DTaP/Td/Tdap, but fewer than those required to be PROTECTED AND IN COMPLIANCE, but has presented a schedule from a physician or clinic indicating the medical reason vaccine cannot be given prior to the due date and the date(s) to complete the required doses; or a statement that these immunizations are medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds, or temporary compliance under the McKinney-Vento Act.</p>	<p>Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, and has not presented a schedule from a physician or clinic indicating the medical reason the vaccines cannot be given prior to the due date and date(s) for receiving these immunizations, nor a statement that these immunizations are medically contraindicated, nor an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds.</p>

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STUDENTS ENTERING <b>SIXTH THROUGH TWELFTH GRADES IN 2015-2016 SCHOOL YEAR</b>	dose must be at least six months.  Has received one dose of Tdap vaccine.		
<b>MEASLES (RUBEOLA)</b>			
<b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL. INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b>  <b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b>  * A diagnosis of measles disease made by a physician on or after July 1, 2002, must be confirmed by laboratory evidence.	<b>PROTECTED AND IN COMPLIANCE</b>  Has received one dose of measles vaccine (usually given as MMR) on or after the 1 <sup>st</sup> birthday; or had physician diagnosed measles disease verified by laboratory evidence of infection*; or provided laboratory evidence of measles immunity.  Has received two doses of measles vaccine (usually given as MMR), with the first dose on or after the 1 <sup>st</sup> birthday and the second dose no less than 4 weeks after the first dose; or had physician diagnosed measles disease verified by laboratory evidence of infection; or provided laboratory evidence of measles immunity. *	<b>UNPROTECTED AND IN COMPLIANCE*</b>  Has <b>not</b> received, or provided proof of measles vaccination as required for entry, nor had physician diagnosed measles disease verified by laboratory evidence of infection*, nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic indicating the medical reason vaccine cannot be given prior to the due date and the date this immunization is scheduled; or that this immunization is medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds; or temporary compliance under the McKinney-Vento Act.	<b>UNPROTECTED AND NONCOMPLIANT *</b>  Has <b>not</b> received, or provided proof of measles vaccination as required, nor had physician diagnosed measles disease verified by laboratory evidence of infection*, nor has laboratory evidence of immunity, and has not presented a schedule from a physician or clinic indicating the medical reason the vaccine cannot be given prior to the due date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
<b>RUBELLA (3 DAY)</b>			
<b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL. INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b>  <b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b>	<b>PROTECTED AND IN COMPLIANCE</b>  Has received one dose of rubella vaccine (usually given as MMR) on or after the 1 <sup>st</sup> birthday or has laboratory evidence of rubella immunity.  Has received two doses of rubella vaccine (usually given as MMR) with the first dose on or after the 1 <sup>st</sup> birthday and the second dose no less than 4 weeks after the first dose, or has laboratory evidence of rubella immunity.	<b>UNPROTECTED AND IN COMPLIANCE*</b>  Has <b>not</b> received, or provided proof of rubella vaccination as required, nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic indicating the medical reason the vaccine cannot be given prior to the due date and the date that this immunization is scheduled; or that this immunization is medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds, or temporary compliance under the McKinney-Vento Act.	<b>UNPROTECTED AND NONCOMPLIANT *</b>  Has <b>not</b> received, or provided proof of rubella vaccination as required, nor has laboratory evidence of immunity, and has not presented a schedule from a physician or clinic indicating the medical reason vaccine cannot be given prior to the due date and the date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
<b>MUMPS</b>			
<b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL. INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b>  <b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b>	<b>PROTECTED AND IN COMPLIANCE</b>  Has received one dose of mumps vaccine (usually given as MMR) on or after the 1 <sup>st</sup> birthday, or had physician diagnosed mumps disease, or has laboratory evidence of mumps immunity.  Has received two doses of mumps vaccine (usually given as MMR) with the first dose on or after the 1 <sup>st</sup>	<b>UNPROTECTED AND IN COMPLIANCE*</b>  Has <b>not</b> received, or provided proof of mumps vaccination as required, nor had physician diagnosed mumps disease by date of illness, nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic indicating the medical reason the vaccine cannot be given prior to the due date and the date that this immunization is scheduled; or that this immunization is medically contraindicated; or an approved statement detailing the	<b>UNPROTECTED AND NONCOMPLIANT *</b>  Has <b>not</b> received, or provided proof of mumps vaccination as required, nor had physician diagnosed mumps disease by date of illness, nor has laboratory evidence of immunity, and has not presented a schedule from a physician or clinic indicating the medical reason the vaccine cannot be given prior to the due date for receiving this immunization and the date for receiving this immunization, nor a statement that this immunization is

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	birthday and the second dose no less than 4 weeks after the first dose, had physician diagnosed mumps disease by date of illness, or has laboratory evidence of mumps immunity.	parent(s)' or guardian(s)' objection on religious grounds, or temporary compliance under the McKinney-Vento Act.	medically contraindicated, nor an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
<b>HEPATITIS B</b>			
<b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (AGE 2 OR OLDER). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b>	<b>PROTECTED AND IN COMPLIANCE</b>  Has received three doses of hepatitis B vaccine administered at the appropriate intervals, or has laboratory evidence of prior or current hepatitis B infection. The first two doses must have been received no less than 4 weeks apart, and the interval between the second and third dose must be two months. <b>The interval between the first and third dose must be at least 4 months. The third dose must have been administered on or after 6 months of age.</b>	<b>UNPROTECTED AND IN COMPLIANCE*</b>  Has <b>not</b> received, or provided proof of hepatitis B vaccination as required, nor has laboratory evidence of prior or current hepatitis B infection, but has received at least one dose of hepatitis B vaccine and has presented a schedule from a physician or clinic indicating the medical reason the vaccine cannot be given prior to the due date and the date(s) to complete the required doses; or a statement that these immunizations are medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds, or temporary compliance under the McKinney-Vento Act.	<b>UNPROTECTED AND NONCOMPLIANT *</b>  Has received fewer than the required immunizations, or has failed to provide proof of vaccine history, nor has laboratory evidence of prior or current hepatitis B infection, nor presented a schedule from a physician or clinic indicating the medical reason the vaccine cannot be given prior to the due date and date(s) for receiving these immunizations, nor a statement that these immunizations are medically contraindicated, nor an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
<b>STUDENTS ENTERING GRADES SIX THROUGH TWELVE</b>	Has received three doses of hepatitis B vaccine at the appropriate intervals or has laboratory evidence of prior or current hepatitis B infection. The first two doses must have been received no less than 4 weeks apart, and the interval between the second and third dose must be two months. <b>The interval between the first and third dose must be at least four months.</b>		
<b>HAEMOPHILUS INFLUENZAE TYPE B (Hib)</b>			
<b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (24-59 MONTHS OF AGE). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b>	<b>PROTECTED AND IN COMPLIANCE</b>  Has received the primary series of Hib vaccine according to the Hib vaccination schedule <b>or</b> a single dose of Hib vaccine between 15-59 months of age.	<b>UNPROTECTED AND IN COMPLIANCE*</b>  Has <b>not</b> received, or provided proof of Hib vaccination as indicated by the Hib vaccination schedule, but has presented a statement from a physician or clinic indicating the medical reason the vaccine cannot be given prior to the due date and date that this immunization is scheduled; or that this immunization is medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds, or temporary compliance under the McKinney-Vento Act.	<b>UNPROTECTED AND NONCOMPLIANT *</b>  Has <b>not</b> provided proof of Hib vaccination as indicated by the Hib vaccination schedule, and has not presented a schedule from a physician or clinic indicating the medical reason the vaccine cannot be given prior to the due date and a date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
<b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b>	Hib vaccine <b>not</b> required for children 5 years of age or older.		
<b>INVASIVE PNEUMOCOCCAL DISEASE</b>			
<b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (24-59 MONTHS OF AGE). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b>	<b>PROTECTED AND IN COMPLIANCE</b>  Has received the primary series of pneumococcal vaccine according to the pneumococcal vaccination schedule <b>or</b> a single dose of pneumococcal vaccine between 24-59 months of age.	<b>UNPROTECTED AND IN COMPLIANCE*</b>  Has <b>not</b> received, or provided proof of pneumococcal vaccination as indicated by the pneumococcal vaccination schedule, but has presented a statement from a physician or clinic indicating the medical reason the vaccine cannot be	<b>UNPROTECTED AND IN NONCOMPLIANT *</b>  Has <b>not</b> provided proof of pneumococcal vaccination as indicated by the pneumococcal vaccination schedule, and has not presented a schedule from a physician or clinic indicating the medical reason the vaccine cannot be

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<b>STUDENTS ENTERING AT ANY GRADE LEVEL (K-12)</b>	Pneumococcal vaccine <b>not</b> required for children 5 years of age or older.	given prior to the due date and date that this immunization is scheduled; or that this immunization is medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds, or temporary compliance under the McKinney-Vento Act.	given prior to the due date and a date for receiving this immunization, nor a statement that this immunization is medically contraindicated, nor an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
<b>VARICELLA/CHICKENPOX</b>			
<b>CHILD CARE PROGRAMS BELOW KINDERGARTEN LEVEL (24-59 MONTHS OF AGE). INCLUDES NURSERY SCHOOLS, PRESCHOOL PROGRAMS, EARLY CHILDHOOD PROGRAMS AND HEAD START.</b>	<b>PROTECTED AND IN COMPLIANCE</b>  Has received one dose of varicella vaccine on or after the 1 <sup>st</sup> birthday, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.	<b>UNPROTECTED AND IN COMPLIANCE*</b>  Has <b>not</b> received or provided proof of varicella vaccination as required, nor had physician diagnosed varicella disease, nor had varicella disease verified by a health care provider (including a school health professional or health official), nor has laboratory evidence of immunity, but has presented a statement from a physician or clinic indicating the medical reason the vaccine cannot be given prior to the due date and date that this immunization is scheduled; or that this immunization is medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds, or temporary compliance under the McKinney-Vento Act.	<b>UNPROTECTED AND NONCOMPLIANT*</b>  Has <b>not</b> received or provided proof of varicella vaccination as required, nor had physician diagnosed varicella disease, nor had varicella disease verified by a health care provider (including a school health professional or health official), nor has laboratory evidence of immunity, and has not presented a statement from a physician or clinic indicating the medical reason the vaccine cannot be given prior to the due date and date that this immunization is scheduled; or that this immunization is medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
<b>STUDENTS ENTERING KINDERGARTEN, FIRST, SIXTH, SEVENTH, NINTH or TENTH GRADES FOR THE FIRST TIME DURING 2015-2016 SCHOOL YEAR.</b>	Has received two doses of varicella vaccine with the first dose on or after the 1 <sup>st</sup> birthday and the second dose no less than 4 weeks after the first dose, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.		
<b>STUDENTS ENTERING SECOND, THIRD, FOURTH, FIFTH, EIGHTH, ELEVENTH or TWELFTH GRADES FOR THE FIRST TIME DURING 2015-2016 SCHOOL YEAR.</b>	Has received one dose of varicella vaccine on or after the 1 <sup>st</sup> birthday, had physician diagnosed varicella disease, has a statement from a health care provider (including a school health professional or health official) verifying that a parent's or legal guardian's description of varicella disease history is indicative of past infection, or has laboratory evidence of immunity to varicella.		
<b>INVASIVE MENINGOCOCCAL DISEASE</b>			
<b>STUDENTS ENTERING SIXTH GRADE FOR THE FIRST TIME DURING 2015-2016 SCHOOL YEAR.</b>	<b>PROTECTED AND IN COMPLIANCE</b>  Has received one dose of meningococcal vaccine (MCV4) on or after the 10th birthday.	<b>UNPROTECTED AND IN COMPLIANCE*</b>  Has <b>not</b> received or provided proof of meningococcal vaccination as required, but has presented a statement from a physician or clinic indicating the medical reason the vaccine cannot be given prior to the due date and date that this immunization is scheduled; or that this immunization is medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds, or temporary compliance	<b>UNPROTECTED AND NONCOMPLIANT*</b>  Has <b>not</b> received or provided proof of meningococcal vaccination as required, and has not presented a statement from a physician or clinic indicating the medical reason the vaccine cannot be given prior to the due date and date that this immunization is scheduled; or that this immunization is medically contraindicated; or an approved statement detailing the parent(s)' or guardian(s)' objection on religious grounds.
<b>STUDENTS ENTERING TWELTH GRADE FOR THE FIRST TIME DURING 2015-2016 SCHOOL YEAR.</b>	Has received one dose of meningococcal vaccine (MCV4) on or after the 10th birthday and a second dose a minimum of 8 weeks after the first. Only one dose is required if the only dose was		

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	received at 16 years of age or older.	under the McKinney-Vento Act.	
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### **Vaccination Schedule for *Haemophilus influenzae* type b (Hib) Conjugate Vaccines**

*Note: Vaccines are interchangeable. Any combination of 3 doses of conjugate vaccine constitutes a primary series. Similarly, a DTP/Hib combination vaccine can be used in place of HbOC or PRT-T.*

<b>Vaccine</b>	<b>Age at 1<sup>st</sup> of doses for dose (mos.)</b>	<b>Primary series</b>	<b>Booster</b>	<b>Total number of Doses in Series</b>
<b><u>HbOC/PRP-T:</u></b> HibTITER <sup>TM</sup> ActHib <sup>eTM</sup> OmniHib <sup>TM</sup> TETRAMUNE <sup>TM</sup>	2-6	3 doses, 2mos. apart <sup>a</sup>	12-15 mos. <sup>bc</sup>	4
	7-11	2 doses, 2mos. apart <sup>a</sup>	12-18 mos. <sup>bc</sup>	3
	12-14	1 dose	15 mos. <sup>bc</sup>	2
	15-59	1 dose <sup>d</sup>	None	1
<b><u>PRP-OMP:</u></b> PedvaxHIB <sup>TM</sup>	2-6	2 doses, 2mos. apart <sup>a</sup>	12 mos. <sup>bc</sup>	3
	7-11	2 doses, 2mos. apart <sup>a</sup>	12-18 mos. <sup>bc</sup>	3
	12-14	1 dose	15 mos. <sup>bc</sup>	2
	15-59	1 dose <sup>d</sup>	None	1
<b><u>PRP-D:</u></b> ProHIBIT <sup>TM</sup>	15-59	1 dose <sup>cd</sup>	None	1

<sup>a</sup> Minimally acceptable interval between doses is one month.

<sup>b</sup> At least 2 months after previous dose.

<sup>c</sup> After the primary infant Hib vaccine series is completed, any of the licensed Hib conjugate vaccines may be used as a booster dose.

<sup>d</sup> Children 15-59 months of age should receive only a single dose of Hib vaccine.

<sup>e</sup> Reconstituted with DTP as a combined DTP/Hib vaccine.

Note: A DTP/Hib combination vaccine can be used in place of HbOC or PRP-T.

### Vaccination Schedule for Pneumococcal Conjugate Vaccines (PCV)

Age of Child (Months)	Vaccination History	Primary Series and Booster Intervals	Total Doses Required
<b>2-6 minimum age of six weeks:</b>	0 doses	3 doses, 2 months apart; 4 <sup>th</sup> dose at age 12-15 months	4
	1 dose	2 doses, 2 months apart; 4 <sup>th</sup> dose at age 12-15 months	4
	2 doses	1 dose, 2 months after most recent dose; 4 <sup>th</sup> dose at age 12-15 months	4
<b>7-11</b>	0 doses	2 doses, 2 months apart; 3 <sup>rd</sup> dose at age 12 -15 months	3
	1 or 2 doses before age 7 months	1 dose, 2 months after most recent dose; 3 <sup>rd</sup> dose at 12 months -15 months and > 2 months after prior dose	3-4
<b>12-23</b>	0 doses	2 doses, $\geq 2$ months apart	2
	1 dose before age 12 months	2 doses, $\geq 2$ months apart	2
	1 dose on or after 12 months of age	1 dose $\geq 2$ months after most recent dose	2
	2 or 3 doses before age 12 months	1 dose, $\geq 2$ months after most recent dose	3-4
<b>24-59 Healthy Children</b>	Any incomplete schedule	1 dose, $\geq 2$ months after most recent dose	1
<b>24-59 Children at High Risk</b> <sup>a, b</sup>	Any incomplete schedule	2 doses separated by 2 months	2

(Source: Added at 37 Ill. Reg. 13952, effective August 16, 2013)

a Children with certain chronic conditions or immunosuppressive conditions are recommended to receive a dose of pneumococcal polysaccharide vaccine (PPV23) in addition to PCV13 two months after the last PCV7 or PCV13.

b CDC now recommends that for children with certain chronic conditions or immunosuppressive condition with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.

## Progression of 2 Dose Varicella Vaccine Requirement for Completion by All grades (K-12) by 2019

(Underlined Grade Level Indicates 2 doses required)

2014-2015    K 1 2 3 4 5 6 7 8 9 10 11 12

2015-2016    K 1 2 3 4 5 6 7 8 9 10 11 12

2016-2017    K 1 2 3 4 5 6 7 8 9 10 11 12

2017-2018    K 1 2 3 4 5 6 7 8 9 10 11 12

2018-2019    K 1 2 3 4 5 6 7 8 9 10 11 12

2019-2020    K 1 2 3 4 5 6 7 8 9 10 11 12

## Progression of Meningococcal Vaccine Requirement for Grades (6-12) by 2021

(Underlined Grade Level Indicates Impacted by Vaccination Requirement)

2015-2016    6 7 8 9 10 11 12

2016-2017    6 7 8 9 10 11 12

2017-2018    6 7 8 9 10 11 12

2018-2019    6 7 8 9 10 11 12

2019-2020    6 7 8 9 10 11 12

2020-2021    6 7 8 9 10 11 12